

Form Distribution: Completed top copy mail to ACS State Health Care, Attention: MC-6 Forms, P.O. Box 967 Henderson, NC 27536-0967 or Fax to (866-759-4115)

Nebraska Health and Human Services System - Medicaid
PRESCRIBER CERTIFICATION - this brand is medically necessary

Patient's Name (Please Print)	Patient's Case Number and ID
Drug Name and Strength	Drug NDC Number
Prescription Number (if known)	
Prescriber's Name	Prescriber's ID Number
Dispensing Pharmacy	Dispensing Pharmacy's Medicaid Number
Pharmacy Phone _____ Handwritten Signature of Prescriber	Pharmacy Fax _____ Date
Certification Dates FROM: _____ TO: _____ Date: (Month/Day/Year) Date: (Month/Day/Year)	
MC-6 Rev. 5/05 (63010) - (Prev. version 9/03 should NOT be used)	

Form Distribution: Completed top copy mail to ACS State Health Care, Attention: MC-6 Forms, P.O. Box 967 Henderson, NC 27536-0967 or Fax to (866-759-4115)

Nebraska Health and Human Services System - Medicaid
PRESCRIBER CERTIFICATION - this brand is medically necessary

Patient's Name (Please Print)	Patient's Case Number and ID
Drug Name and Strength	Drug NDC Number
Prescription Number (if known)	
Prescriber's Name	Prescriber's ID Number
Dispensing Pharmacy	Dispensing Pharmacy's Medicaid Number
Pharmacy Phone _____ Handwritten Signature of Prescriber	Pharmacy Fax _____ Date
Certification Dates FROM: _____ TO: _____ Date: (Month/Day/Year) Date: (Month/Day/Year)	
MC-6 Rev. 5/05 (63010) - (Prev. version 9/03 should NOT be used)	

Form Distribution: Completed top copy mail to ACS State Health Care, Attention: MC-6 Forms, P.O. Box 967 Henderson, NC 27536-0967 or Fax to (866-759-4115)

Nebraska Health and Human Services System - Medicaid
PRESCRIBER CERTIFICATION - this brand is medically necessary

Patient's Name (Please Print)	Patient's Case Number and ID
Drug Name and Strength	Drug NDC Number
Prescription Number (if known)	
Prescriber's Name	Prescriber's ID Number
Dispensing Pharmacy	Dispensing Pharmacy's Medicaid Number
Pharmacy Phone _____ Handwritten Signature of Prescriber	Pharmacy Fax _____ Date
Certification Dates FROM: _____ TO: _____ Date: (Month/Day/Year) Date: (Month/Day/Year)	
MC-6 Rev. 5/05 (63010) - (Prev. version 9/03 should NOT be used)	